Click the circle to the left of your office/team to set the Team ID and Office Address.

- Columbus
- Grand Island - Voland
- Grand Island - Wegner
- Kearney
- Lincoln - Rogers
- Lincoln - Rathjen
- Lincoln - Glawatz
- Norfolk - Neimeyer
- Norfolk - Craven
- Norfolk - Koeppe
- North Platte
- Omaha - Dixon
- Omaha - Petersen
- Omaha - Frazier
- Scottbluff
- South Sioux

...onal Rehabilitation

...braska Department of Education

Team ID:_____

Training Scholarship Invoice

Company Name _____

Address _____

_____

City, State, Zip _____

Trainee Name _____

SSN _____

TRAINING PERIOD COMPLETED

From _____ To _____

Training Fee _____ *(prorated by week, if entire training period is not completed)*

_____ _____

Consumer Signature **Date**

_____ _____

Worksite Supervisor Signature **Date**

Upon completion, please keep one copy and return original to VR

_____

Voc Rehab Specialist Signature **Date**

Clear Form Print